



Trane Corporate Safety & Health
Effective Date: September 15, 2003
Last Revised: November 14, 2007
Procedure Number: S&H - 27
Document Owner: Cathy Hansell

CONTRACTOR HEALTH AND SAFETY QUALIFICATION FORM

FACILITY NAME USE ONLY

Contractor Qualification Review:

☐ Approved

☐ Not Approved

Date: _____

Comments: _____

1. Contractor Information:

Company Name: _____

Address: _____

Company Contact: _____ Title: _____

Telephone Number: _____ FAX: _____

Company Safety Manager/Contact: _____

Telephone Number: _____ FAX: _____

2. Insurance/Workers Compensation:

Insurance Agent/Carrier: _____

Address: _____

Contact: _____ Phone: _____

Insurance Coverage (Describe): _____

Workers Compensation Agent/Carrier: _____

Address: _____

Contact: _____ Phone: _____

3. Accident and Injuries:

a. Past three years Injury and Illness Rate: 200_ _____
200_ _____
(injury + illness cases) x (200,000 hrs)/(total hrs worked) 200_ _____

b. Past three years Lost Workday Case Rate: 200_ _____
200_ _____
(lost workday cases) x 200,000 hrs/(total hrs worked) 200_ _____

c. Has there been a work-related death or multiple hospitalization within the past five (5) years? YES NO
(If yes, explain) _____ ☐ ☐

d. Has the company received a citation from a regulatory agency within the past five (5) years? ☐ ☐
(If Yes, explain) _____



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4. Health and Safety Programs:

	YES	NO	N/A
a. Does the company have a written Health and Safety Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are designated roles and responsibilities assigned for health and safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Does the company have policies and procedures including:			
- control of hazardous energy (lockout/tagout)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- personal protective equipment (e.g., respiratory, hard hat, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- electrical safety/grounding (GFCI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- confined space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- hot work (e.g., welding and cutting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- equipment use/inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- excavations/trenching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- fire prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- hoists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- chemical use, handling and storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- work at elevated heights (e.g., scaffolding, fall protection, lifts, ladders, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- work area control and warning signs <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- first aid, medical services and emergency procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- accident reporting and investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Health and safety policies and procedures available to the employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Employees are adequately trained on these policies and procedures? (Frequency: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Periodic safety meetings are provided on the job site? (Frequency: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Job sites are periodically inspected? (Frequency: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The company has a disciplinary action policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Subcontractors meet acceptable health and safety requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. **Additional Contractor Health and Safety Activities:** _____

6. Submittals:

Provide the following documents as part of the qualification form:

7. Company Authorization:

Authorizing Agent (Name): _____ Title: _____

Authorizing Agent (Signature): _____ Date: _____



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CONTRACTOR'S HAZARD IDENTIFICATION CHECKLIST

Contractor:		Contact Person	
Area:		Dept.	

Potential Hazard	No Hazard	Hazard Identified	Control Defined
Geological			
Soil / substrate instability			
Faulting or caving			
Underground Services			
Electrical cables			
Water supply			
Storm water drains			
Communications cables			
Sewer pipes			
Other			
Surface			
Steep slope or uneven terrain			
Poor traction, soft, poor load-bearing capacity			
Man-made obstacles, trenches, holes, etc.			
Foreign objects, materials			
Structures			
Structural safety			
Foundations – potential failure (e.g., if excavating nearby)			
Temporary structures (e.g., scaffolding, work platforms)			
Load bearing capacity not to be exceeded			
Access for Plant / Equipment & Materials			
Overhead wires etc. en route			
Weight limits			
Space restrictions			
Traffic – vehicular & pedestrian			
Public Access			



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Hazards to / from authorized access (e.g., road users)			
Hazards to / from unauthorized access (e.g., casual visitors, etc.)			
Overhead			
Power, telephone lines			
Overhanging structures			
Falling objects			
Chemical			
Hazardous substances			
Flammable or explosive substances or potential mixtures			
Biological			
Sewerage, refuse landfill			
Wasps, bees, etc.			
Dogs			
Other			

Signed: _____
Contractor

Date: _____



CONTRACTOR'S SAFETY DECLARATION

The following EQUIPMENT will be used on Contract Number_____.

EQUIPMENT	MANUFACTURER	SERIAL NO.

- All equipment listed above is properly serviced and maintained in accordance with each Manufacturer's recommendations and OSHA/ANSI requirements as applicable.
- All equipment listed above will be operated, inspected, and maintained by a competent person for the duration of the Subcontract. Equipment will not be operated in an unsafe manner or condition. Equipment that cannot be repaired will be removed from the job site.
- Documentation of all required certifications, inspections, and maintenance will be maintained by the Subcontractor's Representative on site, and available for review as requested.
- Equipment leaking fluids will be immediately removed from service and the fluids will be contained to prevent absorption into surface areas.

Major Equipment List

Cranes (All Types), Front End Loaders, Dozers, Scrapers, Welding Machines (Gasoline or Diesel). Compactors/Rollers, Backhoes, Forklifts, Generators, Portable Compressors, Soil Compactors, Aerial/ Man Lifts, Ditch Witches (Trenching Machines), Tractors (Industrial), Trucks and Trailers (All)

THIS LIST IS NOT ALL-INCLUSIVE. CONTACT PROJECT MANAGER CONCERNING ANY MAJOR EQUIPMENT THAT MAY NOT BE LISTED



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The following CHEMICALS will be used on Project Name:

		Material Safety Data Sheet Provided	
CHEMICAL	MANUFACTURER	YES	NO

Contractors are required to supply a Material Safety Data Sheet (MSDS) for all chemicals that will be used during the course of the project. The MSDS will be reviewed and approved for use by a representative of Trane.

Should it be determined that additional equipment and/or chemicals will be used on the project an additional Declaration must be submitted for review and approval.

Signature of Company Representative

Company Name

Submit one (1) copy to the Trane Project Manager and the Trane Safety Representative before placing equipment in service or using chemicals on the job site.



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Stop Work Order Form

Project Name _____ Project _____
Location _____
Project Contract # _____ Project Manager _____
Date _____ Time _____

State Hazardous Condition(s)/Situation(s) that warrant the issuance of this Stop Work Order:

Signature/Title of Person Issuing
Stop Order

Sub-Contractor Acknowledgement:

Signature _____ Name _____
Title _____ Date _____

Corrective Action(s):

Signature/Title of Person Responsible for Ensuring Corrective
Action(s) Have Been Implemented

Follow-up Inspection and Restart of Work:

The above corrective action(s) have been implemented and the hazardous conditions/situations that created this Stop Work Order have been corrected or abated. Based upon this follow-up inspection, work may restart.

Date _____ Time _____

Signature/Title of Person Authorizing Work to Restart